

Executive Summary

Overview

The pre-site information provided by QIRM and OBH were timely, comprehensive and an essential part of our assessment of the Settlement Agreement (SA) provisions.

Significant improvements in implementing elements of the SA as compared to our June 2023 site assessment were found during this site assessment, which is attributed to decreased mental health and custody staffing vacancies, staff retention, custody and mental health staff leadership and the dedication of the frontline custody and healthcare staffs.

SCDC Population Statistics

The monthly SCDC average count from June 2023-September 2023 is as in the following chart:

Date	Female					Male					Total				
	Caseload	# Not yet Classified*	Non-Mentally Ill	Total	% of Classified on Caseload	Caseload	# Not yet Classified*	Non-Mentally Ill	Total	% of Classified on Caseload	Caseload	# Not yet Classified*	Non-Mentally Ill	Total	% of Classified on Caseload
6/1/2023	869	24	297	1,190	74.53%	4,322	101	10,650	15,073	28.87%	5,191	125	10,947	16,263	32.17%
7/1/2023	868	18	292	1,178	74.83%	4,302	134	10,386	14,822	29.29%	5,170	152	10,678	16,000	32.62%
8/1/2023	902	11	290	1,203	75.67%	4,377	108	10,592	15,077	29.24%	5,279	119	10,882	16,280	32.67%
9/1/2023	911	14	299	1,224	75.29%	4,441	123	10,601	15,165	29.52%	5,352	137	10,900	16,389	32.93%

Custody Staffing

Statistics relevant to custody staffing throughout SCDC and specific to the institutions visited during this site assessment are as follows:

Agency October 2023

Security Positions	Authorized Strength				FTEs				Funded Positions			
	Total	Filled	Vacant	Vacancy Rate	Total	Filled	Vacant	Vacancy Rate	Total	Filled	Vacant	Vacancy Rate
CADET												
OFFICER I												
OFFICER II	2,295	1,078	1,217	53.0%	2,045	1,078	967	47.3%	1,884	1,078	806	42.8%
CORPORAL I		2			2	2		.0%	1	2		.0%
CORPORAL II		34			44	34	10	22.7%		34		
FRONT-LINE SECURITY	2,295	1,114	1,181	51.5%	2,091	1,114	977	46.7%	1,885	1,114	771	40.9%
SERGEANT I												
SERGEANT II	901	632	269	29.9%	795	632	163	20.5%	769	632	137	17.8%
LIEUTENANT II/MHO	85	77	8	9.4%	82	77	5	6.1%	84	77	7	8.3%
ADM LIEUTENANT I	14	26		.0%	27	26	1	3.7%	14	26		.0%
LIEUTENANT II	556	418	138	24.8%	465	418	47	10.1%	458	418	40	8.7%
ADM LIEUTENANT II	32	11	21	65.6%	18	11	7	38.9%	32	11	21	65.6%
ADM LIEUTENANT III												
CAPTAIN I												
CAPTAIN II	14	14		.0%	14	14		.0%	14	14		.0%
ADM CAPTAIN II												
CAPTAIN III	108	98	10	9.3%	107	98	9	8.4%	108	98	10	9.3%
ADM CAPTAIN III	4	4		.0%	4	4		.0%	4	4		.0%
MAJOR	29	29		.0%	30	29	1	3.3%	31	29	2	6.5%
ADM MAJOR	1	1		.0%	1	1		.0%	1	1		.0%

Uniform Staffing Numbers Synopsis

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2091 Officer FTEs	1114 Officer FTEs Filled	46.7% Vacancy
1543 Supervisor FTEs	1310 Supervisor FTEs Filled	15.1% Vacancy
3634 Total FTEs	2424 Total FTEs Filled	33.3%

Vacancy

Broad River CI

96 Officer FTEs	72 Officer FTEs Filled	25.0% Vacancy
98 Supervisor FTEs	79 Supervisor FTEs Filled	19.4% Vacancy
194 Total FTEs	151 Total FTEs Filled	22.2%

Vacancy

Broad River Secure Facility

69 Officer FTEs	57 Officer FTEs Filled	17.4% Vacancy
37 Supervisor FTEs	34 Supervisor FTEs Filled	8.1% Vacancy
106 Total FTEs	91 Total FTEs Filled	14.2%

Vacancy

Camille Graham CI

98 Officer FTEs	44 Officer FTEs Filled	55.1% Vacancy
64 Supervisor FTEs	55 Supervisor FTEs Filled	14.1% Vacancy
162 Total FTEs	99 Total FTEs Filled	38.9%

Vacancy

Kirkland R&E

173 Officer FTEs	149 Officer FTEs Filled	13.9% Vacancy
119 Supervisor FTEs	109 Supervisor FTEs Filled	8.4% Vacancy
292 Total FTEs	258 Total FTEs Filled	11.6%

Vacancy

Lee CI

144 Officer FTEs	59 Officer FTEs Filled	59.0% Vacancy
82 Supervisor FTEs	62 Supervisor FTEs Filled	24.4% Vacancy
226 Total FTEs	121 Total FTEs Filled	46.5%

Vacancy

Lieber CI

107 Officer FTEs	29 Officer FTEs Filled	72.9% Vacancy
77 Supervisor FTEs	66 Supervisor FTEs Filled	14.3% Vacancy
184 Total FTEs	95 Total FTEs Filled	48.4%

Vacancy

The custody staff vacancies remain significant, which results in GPH, ICS and CHOICES to essentially be on a lockdown status, with some exceptions, during weekends and for RHUs to not provide daily out of cell recreational time. Such circumstances should not become normalized. Similar circumstances were reported to be occurring in general population housing units on a frequent basis that were not limited to just weekend days at the Lieber CI. The custody staff shortages at Lee CI and Lieber CI resulted in custody staff performing infrequent rounds in various housing units, especially during evening hours when individual correctional officers were covering multiple housing units. It is for these reasons that the Implementation Panel (IP) recommends that inmates with a MH3 level of care (LOC) designation be excluded from Lee CI and Lieber CI.

We acknowledge the dedication of the custody staff that are working within SCDC and generally perceived them to be doing the best they could with very limited resources. We continue to acknowledge the stress and commitment of the correctional officers who are working within SCDC under such circumstances. We are encouraged that the vacancy rate has decreased. SCDC is continuing their focus on recruitment and retention of correctional staff and have demonstrated success with these efforts.

Mental Health Caseload Statistics

Agencywide Mental Health Caseload Breakdown by Level of Care				
for Inmates in SCDC Custody as of October 13, 2023				
Mental Health Classification		Count	% of Total Caseload	% of Total Population
L1	Hospitalization	22	0.4%	0.1%
L2	Intermediate Care Services	215	4.1%	1.3%
L3	High Intensity Outpatient Treatment	650	12.3%	4.0%
L4	Lower Intensity Outpatient Treatment	3,675	69.8%	22.9%
L5	Outpatient - Stable	660	12.5%	4.1%
BL	Behavior Management Unit Lower	15	0.3%	0.1%
BU	Behavior Management Unit Upper	12	0.2%	0.1%
DV	Developmentally Disabled	16	0.3%	0.1%
Caseload		5,265		32.8%
Non-Caseload		10,791		67.2%
Total Population		16,056		

Mental Health Staffing

Appendix I summarizes the behavioral health position report over time, which has included significantly increased mental health staffing allocations that have exceeded the Settlement Agreement requirements. The current vacancy rate for all the mental health allocations was 15.4% although the fill rate was 126% if the Settlement Agreement required allocations were used as the denominator.

The vacancies listed in Appendix II indicated a 20% vacancy rate for qualified mental health professionals (QMHP), no vacancies among the 17.0 FTE psychiatrists' positions, a 27% vacancy rate for psychologists' positions, an 9% vacancy rate for psychiatric nurse practitioner positions, a 55% vacancy rate for activity therapists' positions and a 6% mental health officer (MHO)/mental health technician positions' vacancy rate.

Appendix II summarizes mental health staffing by regions and specialized programs.

In the context of the correctional institutions site visited during this monitoring period, the QIRM reviews reported significant problems in the delivery of mental health services to inmates at BRCI, CGCI, KCI, GPH, Lee CI and Lieber CI. Many of these problems are very basic processes such as timeliness of clinical contacts and treatment plans. The above problems are predominantly due to mental health and custody staffing vacancies.

Suicide Review Process

We again talked with MUSC and SCDC staff involved in the death review process. The suicide review process, which should be a subcategory of a death review process, was still unclear to us from a workflow perspective. We have requested that the workflow process be put in writing and sent to the IP for our review and input.

Medication Management Issues

Significant planning for improvement and acquisition of technical/automation support continues. Actual implementation and data collection on pilot programs has not yet begun, but groundwork regarding troubleshooting and training is underway.

RHU Revised Policies and Practices

The SCDC Inmate Disciplinary System allows 30 days for the hearing process to be completed for inmates receiving formal disciplinary charges. The IP continues to recommend SCDC consider reducing the amount of time given to conduct an inmate disciplinary hearing, which support reduction in the RHU population. American Correctional Association Inmate Disciplinary Standards provide a disciplinary hearing should be held within seven days excluding weekends and holidays. SCDC is currently unable to provide required RHU services and programs due to correctional staff shortages. Reducing the RHU population at SCDC prisons will require fewer correctional staff to provide the required services and programs, thereby improving conditions of confinement for inmates.

SCDC continues to struggle to conduct required inmate reviews for inmates held in RHUs and the inmates are not appearing in person before staff for the reviews. Quality reviews conducted timely are critical to determine who should be retained and who should be released from RHU.

The IP and Plaintiffs approved an RHU policy revision and SCDC implemented a practice that showers not conducted due to holidays and emergencies are not utilized to measure compliance.

This a recognized practice in most corrections systems throughout the United States.

Classification

SCDC is collaborating with the University of South Carolina to develop a computer program to assist in efficiently managing prison inmate assignments. The program has the potential to further reduce the time inmates remain in Kirkland R&E.

The Settlement Agreement

Appendix III summarizes our findings specific to the Settlement Agreement.

Significant improvements were noted during this site visit, which resulted in new compliance findings for the following provisions:

The development of a systematic program for screening and evaluating inmates to more accurately identify those in need of mental health care:

1.a. Develop and implement screening parameters and modalities that will more accurately diagnose serious mental illness among incoming inmates at R&E with the stated goal of referring inmates to the appropriate treatment programs.

(December 2023)

1.b. The implementation of a formal quality management program under which mental health screening practices are reviewed and deficiencies identified and corrected in ongoing SCDC audits of R&E counselors.

(December 2023)

1.c. Enforcement of SCDC policies relating to the timeliness of assessment and treatment once an incoming inmate at R&E is determined to be mentally ill;

(December 2023)

2.a.iii. Significantly increase the number of male and female inmates receiving inpatient psychiatric services, requiring the substantial renovation and upgrade of Gilliam Psychiatric Hospital, or its demolition for construction of a new facility;

(December 2023)

In other words, provisions relevant to the Reception and Evaluation process and the Gilliam Psychiatric Hospital, which are major components of the SCDC mental health service delivery system, are now in compliance.

Compliance was maintained with the following provisions:

1.d. Development of a program that regularly assesses inmates within the general population for evidence of developing mental illness and provides timely access to mental health care.

(December 2022)

2b.vi. Undertake significant, documented improvement in the cleanliness and temperature of segregation cells; and

(June 2023)

2b.vii. The implementation of a formal quality management program under which segregation practices and conditions are reviewed.

(June 2023)

2.c. Use of Force:

2.c.viii. Notification to clinical counselors prior to the planned use of force to request assistance in avoiding the necessity of such force and managing the conduct of inmates with mental illness;

(June 2022 *Now in substantial compliance*)

3.c Develop a training plan to give SCDC mental health clinicians a thorough understanding of all aspects of the SCDC mental health system, including but not limited to levels of care, mental health classifications, and conditions of confinement for caseload inmates;

(December 2022).

6.h Implement a formal quality management program under which crisis intervention practices are reviewed.

(December 2022)

The following two provisions, which were previously rated as being non-compliant, are now partially compliant:

6.c. Implement the practice of continuous observation of suicidal inmates;

6.f Provide access to confidential meetings with mental health counselors, psychiatrists, and psychiatric nurse practitioners for CI inmates;

The change in the above two ratings are a reflection of corrective actions that have been developed by SCDC and are in the process of implementation.

Other provisions that remain in partial compliance include the following:

2.a. Access to Higher Levels of Care

2.a.i. Significantly increase the number of Intensive Outpatient inmates vis-a-vis outpatient mental health inmates and provide sufficient facilities therefore;

IP comments: In the context of the correctional institutions site visited during this monitoring period, the QIRM reviews reported significant problems with the delivery of mental health services in a timely manner to MH3 level of care (LOC) inmates at BRCI, CGCI, KCI, LCI, and Lieber CI. The above problems were predominantly due to QMHP and custody staffing vacancies as well as physical plant limitations.

Consistent with our prior recommendations, we recommend that there be just one outpatient LOC in contrast to the current 3 outpatient LOC subtypes, and that a qualifier to independently identify SMI inmates be added to the level classification system. SCDC will provide a draft revision of the LOC policy and procedure to collapse L3, L4 and L5 outpatient LOCs into one outpatient LOC. We discussed various nuances that will need to be addressed in the draft policy and suggested outcome measures be developed and implemented for future pre-site data reviews.

If such a revision is approved by the parties, significant changes will need to occur in the context of provisions related to treatment of mental health caseload inmates in restricted housing units. During the exit interview we highlighted some of the needed changes under such circumstances, which will clearly require further discussion.

2.a.ii. Significantly increase the number of male and female inmates receiving intermediate care services and provide sufficient facilities therefore;

IP comments: Significant improvement is noted in all the MH2 level of care programs except for the Kirkland ICS program. A plan needs to be developed and implemented at the Kirkland ICS program re: the required 10 hours per week per patient of offered structured therapeutic activities. Significant improvement re: the treatment planning process in this program is also needed.

2b. Segregation:

2b.i. Provide access for segregated inmates to group and individual therapy services

2.b.ii. Provide more out-of-cell time for segregated mentally ill inmates;

IP comments: For multiple reasons, which include staffing shortages and physical plant limitations, SCDC continues to have significant difficulty in achieving compliance with these two provisions. It is our opinion that having just one outpatient LOC classification and identifying a subgroup of all outpatients who meet criteria for a serious mental illness (SMI) will facilitate achieving compliance if these provisions are appropriately revised to require inmates with a SMI to be excluded from long-term placement in a RHU setting, diverted to specialized program such as CHOICES, HLBMU or a program similar to the SMHU at the BRCI.

We discussed with staff the following:

1. A policy and procedure would need to be developed that included a definition of SMI and the process for exclusion from placement in a RHU and/or diversion to a specified program.
2. Long-term placement in a RHU is generally defined to be a duration of ranging from 2-4 weeks.
3. In our opinion, the standard of correctional mental health care requires, with a few specified exceptions, exclusion of incarcerated persons with a SMI, from long-term placement in a RHU (see positions statements adopted by the American Psychiatric Association (APA, 2012, 2023), National Commission on Correctional Healthcare (NCCHC, 2016) and the American College of Correctional Physicians (2013).

2b.iii. Document timeliness of sessions for segregated inmates with psychiatrists, psychiatric nurse practitioners, and mental health counselors and timely review of such documentation;

2b.iv. Provide access for segregated inmates to higher levels of mental health services when needed;

3. Employment of enough trained mental health professionals:

3.b Increase the involvement of appropriate SCDC mental health clinicians in treatment planning and treatment teams.

IP Comments: We observed treatment planning team meetings at the following programs:

1. Kirkland Correctional Institution ICS,
2. the BRCI's CHOICES' program,
3. the BRCI CSU,
4. GPH,
5. CGCI ICS/Outpatient program,
6. the Lieber CI outpatient program.

Inmates attended their treatment planning team meetings and, with the exception of the Kirkland ICS program, meetings were all performed in a very competent manner with multidisciplinary input.

4. Maintenance of accurate, complete, and confidential mental health treatment records:

4.a Develop a program that dramatically improves SCDC's ability to store and retrieve, on a reasonably expedited basis:

4.a.x. Medical, medication administration, and disciplinary records

5.a. Improve the quality of MAR documentation;

5.b Require a higher degree of accountability for clinicians responsible for completing and monitoring MARs;

5.c Review the reasonableness of times scheduled for pill lines; and

5.d. Develop a formal quality management program under which medication administration records are reviewed.

IP comments: SCDC has summarized in the relevant current status sections in Appendix III the plans that will be implemented that should result in compliance specific to these provisions.

6.a. Locate all CI cells in a healthcare setting;

IP comments: The Crisis Stabilization Unit (CSU) at the BRCI is now functioning as intended. The partial compliance rating is related to the “60-hour” rule, which in the Implementation Panel’s opinion is now an outdated concept. We have recommended that the parties, with input from the IP, re-negotiate and revise this provision to reflect the current clinically acceptable practices specific to the CSU.

6.e Increase access to showers for CI inmates;

6.g Undertake significant, documented improvement in the cleanliness and temperature of CI cells;

IP comments: See recommendations in Appendix III.

Summary

The findings of the Implementation Panel with regard to compliance on the provisions of the Settlement Agreement based on the review and site visit concluded on December 1, 2023, are as follows:

1. Compliance (active): 9
2. Substantial Compliance (compliance greater than 18 months): 33
3. Partial Compliance: 17
4. Non-Compliance: 0

Appendix III Report of Compliance

The development of a systematic program for screening and evaluating inmates to more accurately identify those in need of mental health care:

1.a. Develop and implement screening parameters and modalities that will more accurately diagnose serious mental illness among incoming inmates at R&E with the stated goal of referring inmates to the appropriate treatment programs.

Implementation Panel December 2023 Assessment: Substantial Compliance is now present (December 2023).

Implementation Panel December 2023 Findings: As per current status section and 1.b. Substantial Compliance is now present.

Implementation Panel December 2023 Recommendations: Continue to monitor.

1.b. The implementation of a formal quality management program under which mental health screening practices are reviewed and deficiencies identified and corrected in ongoing SCDC audits of R&E counselors.

Implementation Panel December 2023 Assessment: Substantial Compliance is now present (December 2023).

Implementation Panel December 2023 Findings: As per status update. Significant improvement is noted. Corrective actions have been effective. Substantial Compliance is now present.

Implementation Panel December 2023 Recommendations: Continue to monitor.

1.c. Enforcement of SCDC policies relating to the timeliness of assessment and treatment once an incoming inmate at R&E is determined to be mentally ill;

Implementation Panel December 2023 Assessment: Substantial Compliance is now present (December 2023).

Implementation Panel December 2023 Findings:

Kirkland CI

At KCI, the ALOS in the Reception Center (RC) during 2022 was 87 days, which during the reporting period decreased to 71 days. The major barrier in decreasing the ALOS in the RC is lack of enough medium custody beds within the SCDC.

Statistics relevant to the Kirkland CI are included in Attachment 2.

During the reporting period, the time involved in completing both the medical and mental health intake processes continues to decrease.

There has been an increase in the average LOS in the Reception Center since March 2023 for reasons that were not clear.

Data was presented that indicated inmates with length of stay greater than 30 days were receiving timely clinical mental health appointments by a psychiatrist and QMHP as needed.

Camille Graham CI

At CGCI, there was a statistically significant decrease in the average length of stay in R&E from Q1 2022 vs Q3 2023 (Q1 2022: 127.6 days, Q3 2023: 49.9 days, $p < 0.01$).

Data was reviewed that indicated inmates with length of stay greater than 30 days were receiving timely clinical mental health appointments by their psychiatrist and QMHP's as needed.

During the morning of November 29, 2023 we interviewed most of the women on the bottom tier in the R&E in a community meeting - like setting. These women reported that they received 30-60 minutes per weekday of out of cell time. They also stated that they had access to showers on a three times per week basis. Most of the women were triple bunked. Many of the women reported feeling very unsafe due to the custody staffing shortage that resulted in rounds by custody staff within the unit often being infrequent.

In general, continuity of medications was reported not to be an issue. Evening medications were reported to be administered at 4 PM, which was problematic for obvious reasons.

Summary: Substantial Compliance is now present for this provision.

Implementation Panel December 2023 Recommendations: Continue to monitor. The evening medication administration should occur at 8 PM or later. Triple bunking is very problematic, especially related to the low custody staffing levels and the very limited out of cell time. Mitigation efforts should be developed and implemented (e.g., increased out of cell time).

Please provide data as part of the next site visit data re: timeliness of mental health services provided to inmates on the mental health caseload with LOS > 45 days.

1.d. Development of a program that regularly assesses inmates within the general population for evidence of developing mental illness and provides timely access to mental health care.

Implementation Panel December 2023 Assessment: Substantial compliance continues (December 2022).

Implementation Panel December 2023 Findings: As per status update section. Substantial compliance remains.

Implementation Panel December 2023 Recommendations: Continue to monitor.

2.a. Access to Higher Levels of Care

2.a.i. Significantly increase the number of Intensive Outpatient inmates vis-a-vis outpatient mental health inmates and provide sufficient facilities therefore;

Implementation Panel December 2023 Assessment: Partial compliance.

Implementation Panel December 2023 Findings: As per status update section. In the context of the correctional institutions site visited during this monitoring period, the QIRM reviews reported significant problems with the delivery of mental health services in a timely manner to L3 inmates at BRCI, CGCI, KCI, LCI, and Lieber CI. The above problems were predominantly due to QMHP and custody staffing vacancies as well as physical plant limitations.

We discussed with leadership staff a study performed by line staff re: inmates receiving a L3 level of care (LOC). Sixty percent (60%) of these inmates met SCDC's criteria for a serious mental illness (SMI). Twenty-nine percent (29%) were assessed to only need a L4 LOC and <2% were assessed to require a higher LOC than L3. Of the 29%, 47% met criteria for a SMI.

Implementation Panel December 2023 Recommendations: Consistent with our prior recommendations, we recommend that there be just one outpatient LOC in contrast to the current 3 outpatient LOC subtypes. SCDC will provide a draft revision of the LOC policy and procedure to collapse L3, L4 & L5 outpatient LOCs into one outpatient LOC. We discussed various nuances that will need to be addressed in the draft policy and suggested outcome measures be developed and implemented for future pre-site data reviews.

If such a revision is approved by the parties, significant changes will need to occur in the context of provisions related to treatment of mental health caseload inmates in restricted housing units. During the exit interview we highlighted some of the needed changes under such circumstances, which will clearly require further discussion.

2.a.ii. Significantly increase the number of male and female inmates receiving intermediate care services and provide sufficient facilities therefore;

Implementation Panel December 2023 Assessment: Partial compliance.

Implementation Panel December 2023 Findings: Four percent (4%) of the total mental health caseload receive a L2 level of care (LOC), which is an improvement since the beginning of this case but well below the national average. The 4% figure represents a gradual decrease as compared to 2022, when it was slightly above 5%. Timelines of clinical contacts, predominantly with the QMHPs, remains an issue.

Our June 2022 report included the following:

SCDC has significantly increased the number of male and female inmates receiving intermediate care services since 2014. However, it is likely that there are a significant number of additional inmates on the mental health caseload in need of L2 level of care services who have not been appropriately identified/classified. As already noted, based on our national experience, it would be expected that about 10-15% of the mental health caseload within a correctional system would be classified as needing an L2 LOC.

However, as described in provision 2.a.i., a study was performed by SCDC, which did not currently support the above hypothesis.

Broad River Correctional Institution (BRCI)

Attachment 1 provides relevant statistics regarding census, custody staffing and mental health staffing. The following subsections will summarize findings re: mental health programs at the BRCI.

CHOICES

The census of the CHOICES program during our site visit was 20 inmates with all of these inmates having a MH2 classification. Two of these inmates were peer supports and most of the inmates were in phase 3. The 0.4 FTE psychiatrist position and the 3.5 FTE QMHP positions were all filled as were 3.0 of the 4.0 MHO positions.

These inmates described access to two group therapies on a daily basis, which were described as being helpful. The inmates reported positive perceptions of this program.

During the morning of November 27, 2023, we attended a treatment planning team meeting, where we observed the treatment planning process for two inmates in the program. The treatment plans were well summarized with the inmate present during the meeting and the treatment planning process was very competently performed.

Inmates reported being locked down during weekends due to the correctional officer vacancies issues.

We also observed a community meeting and briefly observed one of the scheduled group therapies. Both were competently directed by mental health staff.

Assessment: The CHOICES program has clearly established a therapeutic milieu and was functioning well within the limitations of the custody staffing vacancies, which has resulted in the unit essentially being locked down during weekends.

HLBMU

2.5 FTE QMHPs were allocated with no current vacancies. The census during the November 27, 2023 site assessment was 12 inmates with 6 of these inmates being on phase 1, five inmates on phase 2 privilege status and one inmate being on phase 3..

We met with the phase 2 & 3 inmates in a group setting. These inmates described access to two groups per weekday, which was reported to be helpful. They reported being locked down during weekends. In general, phase 2 & 3 privilege level inmates described access to out of cell time from 9 am – 4 pm on a daily basis with exceptions based on custody staffing. The inmates were locked down during the weekends.

The HLBMU inmates complained that they lost visitation and phone privileges that they had in RHU prior to their transfer to the HLBMU. Some of these privileges (e.g., visitation) could not be earned in the HLBMU until they reached phase 3, which took at least a minimum of 4 months.

Other issues described included very poor access to dental services, significant delays in receiving property following admission, and access to tablets.

We observed a treatment team meeting that reviewed two inmates, which was competently performed.

Assessment: As compared to our June 2023 site visit, these inmates described more positive perceptions of the HLBMU program. The programming in this unit had significantly increased since our June 2023 site visit. The poor access to dental services was confirmed by HLBMU staff.

We recommended to staff that phase 1 privileges mirror the privileges a newly admitted inmate to the HLBMU had in RHU prior to their transfer. In other words, such inmates should not lose privileges they had received/earned during the RHU stay prior to their transfer to this unit. We also recommended flexibility in the minimum time required to be in phase 1 in contrast to the mandatory minimum of 30 days.

Intermediate Care Services (ICS) at Kirkland Correctional Institution

During November 29, 2023 we site visited the ICS at the Kirkland Correctional Institution. Attachment 2 provides statistics relevant to the mental health programs at the KCI. The operating capacity was 180 inmates with a current account of 143. We met with about 70 inmates in a community meeting - like setting. These inmates reported being offered 4 to 5 groups per week, which was a decrease in the number of hours as compared to our June 2023 site visit. The groups lasted about one hour per group and were reported to be generally helpful. Out of cell unstructured time was offered on weekdays from about 6 AM until 5:30 PM. Inmates were generally locked down during weekends due to custody staffing vacancies.

These ICS inmates reported meeting with the psychiatrist generally on a monthly basis and with their QMHP's twice per month.

It was clear that a therapeutic milieu has been maintained on the ICS housing units.

We also observed a treatment team meeting where four inmates were being reviewed as part of the treatment planning process. This meeting was disorganized, with very little multidisciplinary input and little discussion specific to the individual inmate's treatment plan. We recommend that supervision and training be provided relevant to the treatment planning process. The treatment planning process at the Gilliam Psychiatric Hospital can be used as a model for treatment planning.

Camille Graham Correctional Institution

Attachment 3 provides statistics relevant to the mental health program at the CGCI. During the morning of November 29, 2023, we attended a treatment team meeting where we observed the treatment planning process for three mental health caseload inmates, one of whom was receiving an ICS level of care. The treatment team planning process was excellent.

We also observed a ICS community meeting, which was well structured and directed by one of the ICS mental health clinicians. We had the opportunity to ask questions to these ICS inmates at the completion of this meeting. They were extremely complementary of the ICS program. They confirmed being offered at least 10 hours of structured therapeutic activities per week, which were reported to be very helpful. Good access to their psychiatrist and QMHP's was also reported.

Medication issues continued to be present but there was a process in place to alert nursing staff regarding such issues, and most issues eventually seemed to get resolved.

The ICS program in the Blueridge housing unit was functioning as originally conceptualized via policies and procedures.

Summary: Significant improvement is noted in all the MH2 LOC programs except for the Kirkland ICS program. A plan needs to be developed and implemented at the Kirkland ICS program re: the required 10 hours per week per patient of offered structured therapeutic activities. A temporary solution may be to consider daily community meetings, each of which would involve a planned therapeutic activity. Significant improvement re: the treatment planning process in this program is also needed.

2.a.iii. Significantly increase the number of male and female inmates receiving inpatient psychiatric services, requiring the substantial renovation and upgrade of Gilliam Psychiatric Hospital, or its demolition for construction of a new facility;

Implementation Panel December 2023 Assessment: Substantial Compliance is now present (December 2023).

Implementation Panel December 2023 Findings: As per status update section.

Gilliam Psychiatric Hospital (GPH)

Attachment 4 provides statistics relevant to the GPH. We visited GPH during the afternoon of November 28, 2023.

Pre-site data reviewed re: treatment hours offered turned out to be inaccurate due to data entry issues. Staff reported that patients not on a lockup or restricted status were offered 20 hours per week of structured out of cell therapeutic activities. Patients on a lockdown or restricted status were offered 13 to 15 hours per week of out of cell structured therapeutic activities.

Out of cell unstructured time is offered to inmates on a daily basis from 8 AM until 5 PM, which included two to four hours per day of outside recreational time. Patients were generally locked down during weekends due to custody staffing issues with some exceptions. Patients also had access to tablets.

As described in the status update section, multiple treatment team have now been initiated, which has resulted in a more efficient and effective treatment planning process.

We attended two different treatment team meetings for treatment planning purposes. These meetings, which included the patient whose treatment plan was being developed/reviewed, were characterized by multidisciplinary input and a focus on the treatment plan. This treatment team planning process can serve as a model for the system.

We interviewed in a community meeting setting seven patients on the A side. These patients were extremely complementary of the treatment program at GPH and confirmed information summarized in this section of the report. Very good access to their QMHP's and psychiatrists was reported by these patients. The treatment offered to them was described as being very helpful.

Previous reports have documented completion of a variety of renovations at GPH.

Women's Behavioral Health Unit at MUSC Lancaster

SCDC opened a 12-bed inpatient psychiatric unit for female inmates at MUSC Lancaster in partnership with the Medical University of South Carolina. This unit began serving SCDC patients on September 5, 2023 and has had an average census of 6 to 8 patients. This unit is staffed by MUSC clinical staff and SCDC security.

Summary: The changes at GPH are very impressive and have resulted in a therapeutic environment. GPH is now appropriately functioning as a psychiatric hospital. The Women's Behavioral Health Unit at MUSC Lancaster is a welcomed addition to the mental health program for SCDC women in need of inpatient psychiatric care.

Compliance is now present.

2b. Segregation:

2b.i. Provide access for segregated inmates to group and individual therapy services

Implementation Panel December 2023 Assessment: Partial Compliance.

Implementation Panel December 2023 Findings: As per status update section. See below:

Broad River Correctional Institution

Refer to Attachment 1 for statistics relevant to various programs that the BRCI.

SMHU

During November 27, 2023, the census was 16 inmates with 15 inmates having a MH3 classification and one inmate with a MH2 classification. The 2.0 FTE QMHP positions were filled as were the 4.0 FTE MHO positions. We interviewed most of the SMHU inmates in a community meeting -like setting during the afternoon of November 27, 2023. They reported being offered, with some exceptions, three hours per day (Monday-Friday) of out of cell time that included one hour of outdoor recreational time (weather permitting) and one hour of structured group therapy per day. In general, the groups were described as being helpful although not all groups were described in such a manner.

Most of these inmates indicated that they were not familiar with their individualized treatment plan although they acknowledged meeting with her treatment team on at least a monthly basis. Sessions with QMHP were on a weekly basis and with the psychiatrist a minimum of every 90 days.

A significant number of these inmates reported that they had graduated from this reported 90-day transition program but remained in the program for months for reasons that they stated were unclear to them. Access to showers was not an issue. Many of these inmates complained that they frequently felt cold and did not have access to either a coat in their cell or an extra sheet.

These inmates also reported problematic access to a QMHP and the psychiatrist via the sick call process.

Information was obtained from the Deputy Warden, who stated that all these inmates were provided with a blanket in their cell. Custody leadership staff reported that many of these inmates were not going to be transferred for various custody and legal reasons although, in general, such information had not been conveyed to these inmates.

Assessment: We recommended that an orientation packet be provided to newly admitted inmates that should include a statement that not all inmates will be transitioned back to a general population housing unit due to a variety of reasons. It is encouraging that these inmates were being offered five hours per week of structured therapeutic activities although the Settlement Agreement requires compliance with the 10:10 principle (offering 10 hours of structured therapeutic activities per week in addition to another 10 hours of unstructured out of cell time).

The information received from these inmates regarding minimal knowledge of their individualized treatment plans was concerning. It is recommended that this issue be further explored with the treatment team.

RHU

During the afternoon of November 27, 2023, we interviewed at the cell front most of the RHU inmates at BRCI. These inmates acknowledged being offered showers on a three times per week basis. They stated that they generally were offered time in the recreational cages one to two times per week. Inmates indicated that mental health rounds were not being performed on a regular basis. They also describe poor access to the psychiatrist and QMHP's. Some of these inmates indicated that they did not have earbuds for their tablets. Issues with the administration of Geodon were also reported that focused on not being provided food with Geodon, which was problematic from the perspective of potential gastric distress and decreased absorption of the medication.

Many of the cuff ports were very dirty.

Custody leadership indicated that earbuds were provided to all the inmates in the RHU.

Review of the pre-site data was consistent with these inmates' reports of access issues with the QMHP's and psychiatrist as well as mental health rounds not being regularly performed as per the Settlement Agreement.

Assessment: The conditions of confinement in the RHU have improved as compared to one year earlier but remain problematic, primarily related to custody staffing vacancies. Access issues to mental health clinicians do not appear to be related to vacancy issues but, instead, to management issues that need to be addressed.

Kirkland Correctional Institution

Substantial Security Risk (SSR)

SSR had an operating capacity of 50 inmates with a current count of 33 inmates. One of these inmates was MH3, 20 inmates had a MH4 classification and two inmates were a MH5. Mental health services were provided by Kirkland R & E mental health staff. Due to significant physical plant issues (e.g., lack of heat), this unit will be soon closed for renovations. SSR correctional staff and inmates will be transferred to a soon-to-be vacant RHU housing unit at the BRCI.

As documented in the status update section, mental health caseload inmates are not receiving the required out of cell structured therapeutic activities.

During the morning of November 20, 2023, we observed a group therapy involving four inmates that was directed in a very competent manner by a MHO. The inmates reported this therapy to be very helpful to them.

Lee Correctional Institution

Attachment 5 provides statistics relevant to the Lee Correctional Institution, which included the following:

*Operations Staff:

Supervisors: # of FTE's 82 # Currently filled 60 (22 vacancies. 26.8% vacancy Rate.)

Officers: # of FTE's 144 # Currently filled 55 (89 vacancies. 61.8% vacancy Rate.)

Of the filled FTEs, how many are new hires/ uncertified: 10

Total vacancy rate (supervisors & Officers) 49.1%

**Review Job Status Report*

Restrictive Housing Unit:

Number of Inmates in RHU: 86

MH1: 0 MH2: 0 MH3: 30 MH4: 27 MH5: 4

MH Staffing Assigned to the Program

Psychiatrists: # FTE's 1 # Currently filled 1

Psych. NPs: # FTE's 1 # Currently filled 1

Psychologists: # FTE's 0 # Currently filled 0

QMHPs: # FTE's 5 # Currently filled 2

MHOs: # FTE's 2 # Currently filled 2

During the morning of November 29, 2023, we attempted to talk to RHU inmates at the cell front via a rounding process but were not very successful due to the noise level and various physical plant issues that made cell front interviews not particularly useful. Issues identified via this relatively small sample of cell front interviews included the following:

1. poor access to QMHP's and psychiatrists
2. lack of access to tablets,
3. medication continuity issues, and
4. extremely limited out of cell time.

Due to the small sample of inmates interviewed, we discussed with nursing leadership our recommendation to further assess the reported continuity of medication issues. The poor access to QMHP's and psychiatrist complaint was consistent with pre-site data reviewed. The extremely limited out of cell time was also consistent with pre-site data that was reviewed. We referred the issue of lack of access to tablets to correctional leadership staff to further assess.

Five general population mental health caseload inmates were interviewed, who had relatively recently been in the RHU, reported that upon the return to their general population housing unit they discovered that significant portions of the pre- RHU owned property had been stolen

and/or missing. They also complained about the RHU being very dirty, which was consistent with our observations.

We also learned that decision had been made by mental health leadership staff at Lee CI that staff was not permitted to provide RHU inmates with crank radios, paper for journaling purposes, or other materials such as crossword puzzles.

During the exit interview, we expressed our dismay and concern that despite RHU inmates not receiving minimal out of cell time and timely clinical contacts related to significant staffing vacancies, reasonable efforts to mitigate such conditions of confinement were not being implemented for reasons that were very unclear to us. It is recommended that behavioral health leadership address the discrepancies in mitigation efforts across regions and promote in cell interventions that can be viewed as therapeutic.

Camille Graham Correctional Institution

Attachment 3 provides statistics relevant to CGCI. We interviewed a group of RHU women, who were in the recreational yard during the morning of November 29, 2023. These women confirmed being offered one hour of recreational time each weekday. They also confirmed that mental health rounds were being made on a regular basis and they met with their psychiatrist and QMHP's on a regular basis.

Continuity of medication issues appear to have been resolved..

Except for one inmate, the other women were not aware that group therapy was available to them in the RHU.

Access to showers occurred on a three times per week basis.

The RHU appeared to be functioning well.

Lieber Correctional Institution

Attachment 6 provides statistics relevant to the Lieber Correctional Institution, which has significant custody staffing vacancies.

RHU

We met with a group of 8 RHU inmates in the recreational yard. They reported that during at least the past month the amount of out of cell time offered to them had decreased to about 2-3 times per month for ~ 2 hours at a time. The Warden indicated that this decrease was due to the current construction occurring the RHU. Only 18 of the 43 RHU inmates had access to tablets. Other RHU inmates were just provided with crank radios. Showers were offered on a 3 times per week basis.

The mental health caseload inmates reported meeting with the psychiatrist or psychiatric nurse practitioner on a regular basis. These inmates reported not meeting with a QHMP. Continuity of medication issues was not present.

Dr. Metzner observed a MHO during the mental health rounding process, which was done in a competent manner.

We recommend that inmates with a L3 classification have very limited stays in the RHU at Lieber CI due to the current conditions of confinement related to the very significant staffing vacancies.

2.b.ii. Provide more out-of-cell time for segregated mentally ill inmates;

Implementation Panel December 2023 Assessment: Partial compliance.

Implementation Panel December 2023 Findings: Improvement is noted re: access to out of cell time for inmates in a RHU. More inmates were receiving 3 days per week of recreational out of cell time. Staffing vacancies continue to be an obstacle. Inmates were reported to have access to tablets at least 4 hours per day although this was not consistent with information obtained from inmates in the RHU at either the Lee Correctional Institution or at the Lieber CI.

Implementation Panel December 2023 Recommendations: Remedy the tablets situation at Lee Correctional Institution. Continue with other mitigation efforts to compensate for the lack of the required out of cell time.

2b.iii. Document timeliness of sessions for segregated inmates with psychiatrists, psychiatric nurse practitioners, and mental health counselors and timely review of such documentation;

Implementation Panel December 2023 Assessment: Partial compliance.

Implementation Panel December 2023 Findings: As per status update section. See Attachment 7. Barriers to compliance continue to be predominantly custody and mental health staffing vacancies.

Implementation Panel December 2023 Recommendations: Continue efforts to remedy the above.

2b.iv. Provide access for segregated inmates to higher levels of mental health services when needed;

Implementation Panel December 2023 Assessment: Partial compliance.

Implementation Panel December 2023 Findings: As per status update. The partial compliance rating is related to not providing adequate and timely treatment following transfer to a higher level of care.

Implementation Panel December 2023 Recommendations: Remedy the above.

2b.vi. Undertake significant, documented improvement in the cleanliness and temperature of segregation cells; and

Implementation Panel December 2023 Assessment: Substantial Compliance (June 2023).

Implementation Panel December 2023 Findings: SCDC has maintained substantial compliance for the reporting period.

The SCDC Operations Scorecard demonstrates that RHUs systemwide are in substantial compliance as it relates to the cleanliness and temperatures of segregation cells, averaging 90 percent compliance for five (5) months from April 1, 2023 through August 31, 2023.

The Office of Operations and IT continues to use a selection menu on the Zebra device for RHU staff to electronically select specific options when temperatures and cleanliness are out of compliance.

Implementation Panel December 2023 Recommendations:

1. Maintain substantial compliance with conducting the required RHU cell temperature and cell cleanliness checks.
2. The Operations Division continue its quality improvement efforts to ensure correctional staff document appropriate comments when cell temperatures are out of range and/or a cell is not in an acceptable condition.
3. Headquarters and Correctional Facility Management conduct timely follow up and take corrective action when compliance issues are identified.
4. Continue to conduct temperature and cleanliness checks for each institution's CI cells and 4 random RHU cells.

2b.vii. The implementation of a formal quality management program under which segregation practices and conditions are reviewed.

Implementation Panel December 2023 Assessment: Substantial Compliance (June 2023).

Implementation Panel December 2023 Findings:

SCDC continues substantial compliance in maintaining a formal quality management program under which segregation practices and conditions are reviewed. QIRM and the Division of Operations review and monitor segregation practices and conditions. QIRM completes regular audits of several categories within the RHU at each institution. These areas include timeliness and location of QMHP and Psychiatry sessions, timeliness of treatment plans, participation in treatment team, mental health reviews of Mental Health and Non-Mental Health inmates, segregation rounds, security checks, showers, temperature and sanitation, recreation, laundry services, cell cleaning supplies, RHU staff visitation, and RHU inmates in crisis. The Offender Automated Tracking System (OATS) allows Operations to track services and programs provided in RHUs.

Staffing shortages continue to hinder compliance with the majority of the segregation practices and conditions reviewed i.e., security checks, temperature and cell cleanliness checks, recreation, showers, staff visits, classification reviews, medical and mental health contacts/assessment, etc. The Division of Operations and QIRM plan to implement a system for each prison's management to monitor their compliance with segregation practices and conditions on a weekly basis.

The following is a summary of the RHU findings for these sections:

The monthly RIM Inappropriate Sanctions for Informal Disciplinaries Report is used by Operations to monitor inappropriate phone or visitation sanctions. The report identified two mentally ill inmates who received informal disciplinaries resulting in telephone and canteen sanctions; it was determined to be inappropriate according to policy.

The Offices of Operations, Behavioral Health, and the Division of Classification & Inmate Records continue a multidisciplinary approach to reviewing inmates who remain in the RHU for 365 days or more.

Since February 21, 2021, the DDO has reviewed 177 inmates. Eighty -six (86) were reviewed and released, 90 were reviewed but not released, and one was reviewed and not released but allowed limited privileges; 32 did not include a final disposition.

SCDC conducts an analysis of inmates on RHU ST and DD status length of stay and required RHU 7-day, and 90-day reviews for all RHU inmates. The conducted analysis revealed the following:

- From January 2022 - August 2023 an average of 99.6% of inmates were in a DD custody status ≤ 60 days.
- From January 2022 - August 2023, an average of 89.8% of inmates were in a ST custody status ≤ 60 days.
- From April 2023 - August 2023, 54.2% of SP, 59.6% of DD, and 62.6%% of ST inmates had an initial review within seven days of placement.
- From January 2022 - August 2023 an average of 80.9% of SD inmates and 71.2% of MX inmates received a 90-day level review from October 2022 - August 2023.

Implementation Panel December 2023 Recommendations: Continue the QIRM and Office of Operations formal quality management program reviewing SCDC segregation practices and conditions to maintain substantial compliance and remedy identified deficiencies.

2.c. Use of Force:

2.c.viii. Notification to clinical counselors prior to the planned use of force to request assistance in avoiding the necessity of such force and managing the conduct of inmates with mental illness;

Implementation Panel December 2023 Assessment: Substantial Compliance (June 2022). Progress to Sustained Compliance.

Implementation Panel December 2023 Findings: Per the SCDC Status Update substantial compliance has continued for 18 months and sustained compliance has been achieved for the provision. The QMHP was contacted in 35 out of 37 planned use-of-force incidents during the specified period, indicating a compliance rate of 94.6%.

The Operations and Behavioral Health Divisions address when policies and procedures are not followed regarding the QMHP for Planned UOF.

Implementation Panel December 2023 Recommendations: Continue Sustained Compliance.

3. Employment of enough trained mental health professionals:

3.b Increase the involvement of appropriate SCDC mental health clinicians in treatment planning and treatment teams.

Implementation Panel December 2023 Assessment: Partial compliance.

Implementation Panel December 2023 Findings: As per status update section. Significant improvement noted in the involvement of appropriate SCDC mental health clinicians in treatment planning and treatment teams. Issues remain re: timeliness of the treatment planning process.

We observed treatment planning team meetings at the following programs:

1. Kirkland Correctional Institution ICS,
2. the BRCI's CHOICES' program,
3. the BRCI CSU,
4. GPH,
5. CGCI ICS/Outpatient program,
6. the Lieber CI outpatient program.

Inmates attended their treatment planning team meetings and, with the exception of the Kirkland ICS program, were all performed in a very competent manner with multidisciplinary input.

Implementation Panel December 2023 Recommendations: Continue to monitor.

3.c Develop a training plan to give SCDC mental health clinicians a thorough understanding of all aspects of the SCDC mental health system, including but not limited to levels of care, mental health classifications, and conditions of confinement for caseload inmates;

Implementation Panel December 2023 Assessment: Substantial compliance (December 2022).

Implementation Panel December 2023 Findings: As per status update.

Implementation Panel December 2023 Recommendations: Compliance remains.

4. Maintenance of accurate, complete, and confidential mental health treatment records:

4.a Develop a program that dramatically improves SCDC's ability to store and retrieve, on a reasonably expedited basis:

4.a.x. Medical, medication administration, and disciplinary records

Implementation Panel December 2023 Assessment: Partial compliance.

Medication Administration Records

Implementation Panel December 2023 Findings: See provision 5b. status update section.

Implementation Panel December 2023 Recommendations: See provision 5b.

Disciplinary Records

Implementation Panel December 2023 Findings:

SCDC continues monitoring of each correctional facility's MHDTT reviews of disciplinary sanctions imposed for inmates with a Mental Health Designation. SCDC MHDTT modifications of disciplinary sanctions are also tracked.

An inmate with a mental health issue on his SCDC record or an inmate acting in such a manner that indicates a mental health concern, requires a SCDC QMHP prepare a MH Statement as to the inmate's status that will be considered during a disciplinary hearing. From May 1, 2023 to October 8, 2023, 574 (96%) of the MH statements were obtained for the required inmates to be considered at their disciplinary hearings.

Implementation Panel December 2023 Recommendations:

1. SCDC continue to track and ensure each correctional facility's MHDTT reviews disciplinary sanctions imposed for inmates with a Mental Health Designation Level 1, 2, and 3,e utilizing the Disciplinary Sanctions Modified by MHDTT Report.
2. Ensure Behavioral Health provides a statement for inmates on the mental health caseload scheduled for disciplinary hearing; document the Behavioral Statement was received and upload it in the SCDC Inmate Disciplinary Hearing software.

5.a. Improve the quality of MAR documentation;

Implementation Panel December 2023 Assessment: Partial compliance.

Implementation Panel December 2023 Findings: As per status update section. See 5.b. and 5.d.

Implementation Panel December 2023 Recommendations: As per status update section.

5.b Require a higher degree of accountability for clinicians responsible for completing and monitoring MARs;

Implementation Panel December 2023 Assessment: Partial compliance.

Implementation Panel December 2023 Findings: As per status update section. See 5.b. and 5.d. Planning to move toward compliance continues. Progress with implementation of plans will be reviewed at the next monitoring visits.

Implementation Panel December 2023 Recommendations: As per status update section.

5.c Review the reasonableness of times scheduled for pill lines; and

Implementation Panel December 2023 Assessment: Partial compliance.

Implementation Panel December 2023 Findings: As per current status section. It continues to be difficult for institutions to adhere to planned/published pill line schedules due to staffing shortages and lack of administrative oversight. A CQI activity should be initiated across all institutions to conduct review of actual medication administration times as compared to planned times, identify reasons for discrepancies, and plan corrective actions.

Implementation Panel December 2023 Recommendations: As per current status section.

5.d. Develop a formal quality management program under which medication administration records are reviewed.

Implementation Panel December 2023 Assessment: Partial compliance.

Implementation Panel December 2023 Findings: As per status update section. See 5.b.

Implementation Panel December 2023 Recommendations: As per status update section. See 5.b.

6.a. Locate all CI cells in a healthcare setting;

Implementation Panel December 2023 Assessment: Partial compliance.

Implementation Panel December 2023 Findings: As per status update section. Partial compliance related to the “60-hour”) rule.

Implementation Panel December 2023 Recommendations: SCDC will draft a proposed modification to the Settlement Agreement concerning the 60-hour time frame limit.

6.c. Implement the practice of continuous observation of suicidal inmates;

Implementation Panel December 2023 Assessment: Partial compliance.

Implementation Panel December 2023 Findings: As per current status section. Partial compliance.

Implementation Panel December 2023 Recommendations: As per current status section.

6.e Increase access to showers for CI inmates;

Implementation Panel December 2023 Assessment: Partial compliance.

Implementation Panel December 2023 Findings: Per the SCDC Status Update and review of provided documents, this provision remains in partial compliance. Inmates on CI status are not receiving increased showers necessary to meet compliance with the provision.

The IP and Plaintiffs approved an RHU policy revision and SCDC implemented a practice that showers not conducted due to holidays and emergencies are not utilized to measure compliance.

Implementation Panel December 2023 Recommendations:

1. Remedy the above and ensure inmates in safe cells and CSU receive the increased showers necessary to meet compliance with the provision.
2. Initiate a policy revision addressing showers not conducted on holidays and emergencies. Track and document showers not conducted due to a holiday or emergency.

6.f Provide access to confidential meetings with mental health counselors, psychiatrists, and psychiatric nurse practitioners for CI inmates;

Implementation Panel December 2023 Assessment: Partial compliance.

Implementation Panel December 2023 Findings: As per status update section. Significant improvement is noted. Partial compliance.

Implementation Panel December 2023 Recommendations: As per status update section.

6.g Undertake significant, documented improvement in the cleanliness and temperature of CI cells;

Implementation Panel December 2023 Assessment: Partial compliance.

Implementation Panel December 2023 Findings: Per the SCDC update, the provision remains in partial compliance. SCDC Operations continues to conduct required correctional facility CI temperature checks and cell inspections. Kirkland CI continued to average less than 90 percent conducting the required Safe Cell temperature and cell checks.

Implementation Panel December 2023 Recommendations:

1. Remedy the Kirkland CI safe cell temperature and sanitation check deficiencies.
2. Continue the Operations Division's temperature and cleanliness check quality management process for each institution's CI cells and 4 random RHU cells and address the identified deficiencies with comments;
3. All prisons to continue performing required daily inspections for cleanliness and taking temperatures of random cells;
4. SCDC QIRM to continue to perform QI Studies regarding Correctional Staff performing daily, random cell temperature and cleanliness inspections;
5. Security Staff utilize the Zebra selection menu to record when temperatures and/or cell inspections are not within established ranges; and utilize the drop down menu to record comments for deficiencies.

6.h Implement a formal quality management program under which crisis intervention practices are reviewed.

Implementation Panel December 2023 Assessment: Substantial compliance (December 2022).

Implementation Panel December 2023 Findings: As per status update section.

Additional Information

CSU at the BRCI

During the afternoon of November 27, 2023, we observed the treatment team planning process in the CSU for 22 patients. All the appropriate clinicians and correctional staff were in attendance. The treatment planning process was done in a very competent manner.

We also obtained information from the treatment team regarding the clinical activities in the CSU, which included patient access to five therapy groups per day as well as unstructured out of cell time. The patient count in the CSU during our site visit was 10. The 1.0 FTE psychiatrist position was filled as were the 5.0 FTE allocated QMHP positions and the 11.0 FTE MHO positions.

Related to efforts by central office mental health and correctional staff during the past several years, the percentage of inmates being admitted to the CSU, whose admission was primarily related to custody issues in contrast to clinical issues, have significantly decreased. As a result, more clinical resources are now directed to providing treatment for patients with primarily clinical issues resulting in the need for a CSU level of care.

Assessment: The CSU is now functioning as originally intended-providing clinical care to inmates in need of diagnostic clarification, short-term stabilization and/or crisis intervention. We recommended to staff that a proposal be drafted to modify the Settlement Agreement in the context of revising the so-called “60 hour rule”, which will allow for flexibility in addressing custody issues at the local level in contrast to transferring inmates with such problems for resolution at the CSU due to the 60 hour rule.

Lieber Correctional Institution

Restorative Housing Unit

We talked with multiple inmates in the Restorative Housing Unit designated for inmates with safety concerns. The majority of the inmates arrived at the housing unit less than 30 days ago and have been diverted from RHUs. The majority of inmates have not been issued tablets or crank radios. They are out of their cell during most of the day Monday through Friday but are locked down on weekends. Showers are provided Monday through Friday. Many of the new arrivals complained they had not been issued identification cards. An inmate must have an identification card to utilize the Lieber CI Canteen. Interviewed inmates complained they did not receive a medical and mental health screening upon admission to Lieber CI and did not receive a Restorative Program orientation. There are 38 inmates assigned to the Restorative Program.

Outpatient Mental Health Program

4.0 FTE of the 5.0 FTE QMHP positions were filled. However, apparently due to the severe custody vacancies, the 4 QMHPs shared one office. Related to the office sharing and the limited movement at this prison, significant logistical issues were present in the context of the clinicians’ clinical contacts, which likely could adversely impact retention of the QMHPs.

We interviewed 8 GP mental health caseload inmates in a group setting. They described poor access to the psychiatrist and QMHP’s. These concerns were reviewed with the Chief Psychiatrist who was on site. Review of records did not support absence of contact but some delays in access were identified. Specific concerns conveyed by the inmates interviewed were passed on to the Chief Psychiatrist for follow-up. These inmates reported that their out of cell time was limited to every other day from 9 AM to 1:45 PM during weekdays. Access to outdoor recreation was lacking. Evening coverage within the general population unit by correctional officers was very sparse for similar reasons (e.g., one correctional officer covering both wings in a housing unit). Only four of the eight inmates had tablets. All of these inmates were single cell. The discussion again supported the persistent negative impact of understaffing of correctional officers on clinical and routine correctional activities on a day to day basis.

Psychological Autopsy Review

During the afternoon of November 30, 2023, we remotely observed the suicide review committee meeting to discuss the MUSC psychological autopsy regarding Mr. DA. Prior to this meeting, we reviewed the May 24, 2023 attorney/ client privilege communication summary by the central office death review committee.

We were unclear regarding the workflow of the death review committee's review of relevant data following a suicide. We requested that such workflow be documented and sent to us for our review and input.

Our current assessment of this process is purposely vague due to issues related to the attorney/client privilege specific to the death review committee.

We have requested that we be invited to observe remotely the death review process of a future suicide.